

Entered -11-19-99 - sb
CL 99L0775 - GWENDOLYN BURNS

00-*R* -1733

CLAIM OF: JULIE B. STILLMAN
602 Upland Ridge Drive
Conyers, Georgia 30012

For vehicular damages alleged to have been sustained from a construction cut that was left open and in an unsafe condition on October 25, 1999 at Monroe Drive and Greenwood Ave.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0775

Date: October 18, 2000

Claimant /Victim JULIE B. STILLMAN
BY: (Atty) (Ins. Co.) _____
Address: 601 Upland Ridge Drive, Conyers, Georgia 30012
Subrogation: _____ Claim for Property damage \$ 117.04 Bodily Injury \$ _____
Date of Notice: 11/11/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/25/99 Place: Monroe Drive & Greenwood Avenue
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove over a construction cut in the roadway that was not properly covered and left in an unsafe condition. An investigation determined that United Water Services Atlanta performed work at the incident location. The claimant's claim has been forwarded and resolved by United Water Services Atlanta.

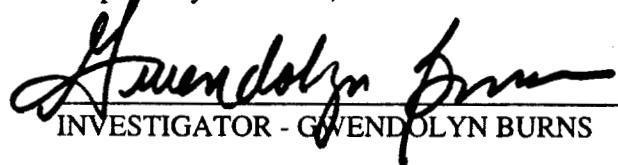
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

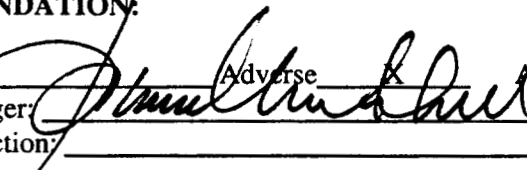
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-20-00
Committee Action _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10/27/99

ENTERED - 11-19-99 - SB
99L0775 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$58.52 per tire and/or \$ \$117.04 for both tires bodily injury for which I contend the City is liable. property

1. Date of incident: 10/25/99
(month/day/year)

2. Police called: ✓
Yes No

3. Location of incident: Monroe Dr & Greenwood Ave, Close to E. Ponce De Leon Blvd.

4. Name of your insurance company: Firemens Fund Insc. Co. Policy No. YZA 12219076

5. State what and how incident occurred: I was driving into work on Mon 10/25 the time was about 7:10 at dusk still & when I came up upon the brown metal plate cover, I slowed down as much as I could before going over it but the metal plate was more than half off of the pothole. When I went over it you could tell that it was a large hole, it banged my front end bad, within the next 2 mins. of driving my Rt. back tire was flat & the front has a...
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Chevrolet Cavalier 4 door / white 1993 (6675FE) Julie R. Stillman
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

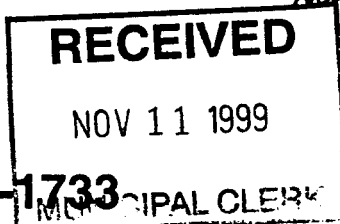
8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Julie R. Stillman
(claimant's name)



New Address
601 Upland Ridge 420 Willow Ct.
Conyers, Gn. Marie (address)
3012 Conyers, GA. 30094
(city and state)
Command Uniforms
678-413-9659 404-873-1777 770-602-4846
(work number) (home number)